



**ORDER FOR ATTORNEY'S FEES**  
**For: KRS 620.100; 625.041; 625.080; 202B.210;**  
**311.732(3)(c), (6);**  
**CR 17.03 (5)**

<http://Finance.ky.gov/ourcabinet/caboff/OGC>

**GAL/CAC INFORMATION**

**Law Firm:** \_\_\_\_\_

**Street Address/PO Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** ( ) - \_\_\_\_\_ **e-Mail Address:** \_\_\_\_\_

**Vendor/Customer Number:** \_\_\_\_\_

If you do not know your Vendor/Customer Number or if you have never been paid by the Finance & Administration Cabinet, please enter your tax identification number and your tax status (individual, partnership, corporation, etc.) Your Vendor/Customer Number will appear on the top, center of your check stub.

**CASE INFORMATION**

<b>Case No(s):</b>	- - -	- - -	- - -	- - -
	- - -	- - -	- - -	- - -

CR 17.03(5) states, "Counsel fee awards shall not exceed the statutory maximum, regardless of the number of persons represented in a proceeding by the counsel." If more than 8 case numbers were represented in this proceeding, please list the remaining numbers on a separate sheet and attach it to the order.

**In the Interest of:** \_\_\_\_\_

**Court:** District ☐ Circuit ☐ Family ☐ **County:** \_\_\_\_\_ **Division:** \_\_\_\_\_

On \_\_\_\_\_, 200\_\_\_\_\_ the above-named Attorney/Law Firm was appointed to represent the

following person(s): \_\_\_\_\_

(Please give name of person represented; you may leave this line blank if you represented the children listed in the "In the Interest of" box).

- ☐ The above named child/mentally retarded adult  
☐ The parent(s) or other person exercising custodial control or supervision of the above-named child/mentally retarded adult

This case was disposed on \_\_\_\_\_, 200\_\_\_\_\_

This case is pursuant to the Kentucky Revised Statute (KRS) or Court Rule (CR) marked below:

(Check only one box)

<input type="checkbox"/>	<b>KRS 620.100</b>	DNA cases in which a GAL or CAC is appointed for the child, for the parent(s) if parent is found to be indigent, or fees for the non-parent who exercises custodial control or supervision of the child if non-parent is found to be indigent. <b>[\$500 maximum fee if final disposition is in circuit/family court; \$250 maximum fee if final disposition is in district court.]</b>
<input type="checkbox"/>	<b>KRS 625.041</b>	Voluntary TPR cases in which the GAL fee of up to \$500 is to be paid by FAC if and only if the Cabinet for Health and Family Services (CHFS) is made custodian of the child
<input type="checkbox"/>	<b>KRS 625.080</b>	Involuntary TPR cases in which a GAL fee of up to \$500 is to be paid by FAC if and only if CHFS is the proposed custodian of the child; CAC fee of up to \$500 is to be paid by FAC for parent if parent is found to be indigent
<input type="checkbox"/>	<b>KRS 202B.210</b>	Involuntary commitment of a mentally retarded adult in which the CAC is <b>compensated in accordance with KRS 620.100</b>
<input type="checkbox"/>	<b>KRS 311.732(3)(c), (6)</b>	Representation for the performance of an abortion upon a minor



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**AFFIDAVIT OF COUNSEL**

1. In Case No., \_\_\_\_\_ I was appointed by the \_\_\_\_\_ County  
(Please use the first case number listed on the previous page)

- ☐ District Court ☐ Circuit Court ☐ Family Court on \_\_\_\_\_, 200\_\_\_\_ as:  
☐ **Guardian Ad Litem** (attorney appointed to represent the named child/mentally retarded adult or prisoner )  
☐ **Court Appointed Counsel** (attorney appointed to represent the parent(s) or other person exercising custodial control or supervision of the named child/mentally retarded adult)

2. In performing the duties marked below, I spent \_\_\_\_\_ hours and \_\_\_\_\_ minutes

- ☐ Reviewed File  
☐ Had a conference(s) with my client and/or CHFS via telephone or in person  
☐ Prepared for the Adjudication Hearing  
☐ Attended Adjudication Hearing  
☐ Reviewed Court Orders  
☐ Reviewed Reports of CHFS Case Worker  
☐ Prepared for the Disposition Hearing  
☐ Attended Disposition Hearing  
☐ Attended Permanency Review Hearing  
☐ Other (please explain on the lines below or attach a separate sheet if needed)

3. I have not been paid by the person(s) I represented or by anyone on his/her/their behalf; nor have I been promised any payment for this service in the future.  
4. I have received \$\_\_\_\_\_ in fees from the Commonwealth of Kentucky for this case(s).  
5. I have received \$\_\_\_\_\_ in fees from the Commonwealth of Kentucky for other petitions filed involving the named child (children).  
6. Further the Affiant sayeth naught.

**It is hereby ordered that said Attorney/Law Firm be awarded a fee of \$\_\_\_\_\_**

**Date:** \_\_\_\_\_, 200\_\_\_\_

\_\_\_\_\_  
**Affiant's Signature**

**Date:** \_\_\_\_\_, 200\_\_\_\_

\_\_\_\_\_  
**Judge's Signature**

\_\_\_\_\_  
**Print/Type Judge's Name**